

STATE EMPLOYEE
WORKERS' COMPENSATION
REPORTING PACKET



Missouri Office of Administration
Risk Management Section
Central Accident Reporting Office
(CARO)

January, 2000

Bob Holden
Governor



Michael Hartmann
Commissioner

State of Missouri
OFFICE OF ADMINISTRATION
Central Accident Reporting Office
Post Office Box 009
Jefferson City, MO 65102
<http://www.oa.state.mo.us/gs/risk/index>

Stan Perovich
Director
Division of General Services

Dear Injured State Employee,

This packet is designed to assist you in reporting work-related injuries. General information describing workers' compensation benefits is included on the next page of this packet. Please read the following instructions carefully. Complete and return the forms in this packet to your employer so that prompt attention may be given to your claim. Turn in all off work slips from medical providers to your state agency.

Employee Checklist:

- ✓ If medical treatment is required, contact 1-800-624-2354 to seek authorized medical care.
- ✓ Complete the Employee Injury Report immediately (included in this packet) and turn it into your agency.
- ✓ Complete the Authorization to Release Medical Records Form (included in this packet) granting access to medical records and turn it into your agency.

If You Have You Missed Time From Work Due To This Injury:

- ✓ Turn in off work slips from the medical provider indicating the days you should be off work due to the injury.
- ✓ Keep your agency informed of your work status.

Please be advised that your state agency must turn in all off work slips as well as inform us of the days you will miss work due to the injury before temporary total disability benefits may be considered. This information may be faxed to CARO at 573-751-5262.

If you have any questions regarding your workers' compensation claim, please contact CARO at (573) 751-2837 or toll free at 1-888-622-7694.

We wish you a speedy recovery.

Central Accident Reporting Office



STATE OF MISSOURI
OFFICE OF ADMINISTRATION
CENTRAL ACCIDENT
REPORTING OFFICE

STATE EMPLOYEE WORKERS' COMPENSATION REPORTING PACKET

This packet is designed to assist the state employee in reporting work-related injuries. Please read the following instructions carefully and complete the following forms so that prompt attention may be given to your claim.

FOLLOW THESE STEPS WHEN AN INJURY OCCURS:

1. Complete the employee injury report immediately.
2. If medical treatment is required, contact 1-800-624-2354 to seek authorized medical care. Treatment not authorized will be at your own expense.
3. Complete the Authorization to Release Medical Records form granting access to medical records. These records must be received before payment of medical charges may be considered.

RETURN ALL FORMS TO YOUR EMPLOYER PROMPTLY. FAILURE TO COMPLETE THESE FORMS MAY DELAY CONSIDERATION OF WORKERS' COMPENSATION BENEFITS.

Questions or concerns may be directed to the Central Accident Reporting Office (CARO) at (573) 751-2837 or 1-888-622-7694

EMPLOYEE INJURY REPORT

Under state law, written notice of the injury must be given to the employer. Describe in detail the time, place, and how you were injured. It is important to identify the specific body part injured, (Example: left or right wrist).

AUTHORIZATION TO RELEASE MEDICAL RECORDS

To avoid unnecessary delays, you are asked to sign an authorization to release medical records necessary to enable prompt consideration of workers' compensation benefits. Please complete the form, sign and date.

State of Missouri
Office of Administration
Central Accident Reporting Office
P.O. Box 809
Jefferson City, MO 65102
Phone: (573) 751-2837
or: 1 888 622 7694

Worker's Compensation for Missouri State Employees

Missouri Office of Administration

Risk Management Section

What is Worker's Compensation?

Benefits payable to an employee by his or her employer without regard to liability in the case of injury, disability or death as the result of occupational hazards.

Who is covered?

All employees, full or part-time.

What is covered?

Injury or illness arising out of and in the course of the employment.

Time of coverage.

Coverage begins the first minute an employee is on the job and continues while the employee is working.

What about occupational diseases?

1. It must arise out of and in the course of the employment.
2. It cannot be an "ordinary disease of life", unless it follows an incident of an occupational disease.
3. It must clearly be work related.

What are the Workers' Compensation benefits?

- Medical care to cure and relieve the effects of the injury. This includes doctor's fees, hospital costs, lab tests, X-rays, pharmacy charges, prosthetic devices, etc.
- Payments based on lost wages. These payments are for "temporary disability", or inability to work, authorized by a physician. Payments may also be made if there is a permanent disability-for example, the loss of an eye or the amputation of a finger or limb.
- Rehabilitation services. Often this is physical therapy, but should an injury keep you from returning to your usual job, you may qualify for retraining and vocational rehabilitation.

How much are the payments?

Two-thirds of your weekly wage up to a maximum set by law. Payment will not be

made for the first three days (the waiting period) unless the disability exceeds fourteen (14) days.

A problem?

Most injuries are handled routinely. However, if you think you have not received all the benefits due you, contact your employer or the Central Accident Reporting Office (CARO). Most questions can be resolved with a single telephone call.

If questions or concerns cannot be resolved by CARO, you may wish to obtain advice from any office of the Missouri Division of Workers' Compensation. If the problem cannot be resolved, you may wish to file a "formal" claim with the Division. You may desire to obtain an attorney, however contacting CARO or the Division may resolve your claim. If not, your claim may be heard by an administrative law judge.

How to get benefits

Check List

- 1. Report **all** injuries immediately to your employer. Document the time, place, names of witnesses and nature of the injury in a written report.
- 2. If medical treatment is required, you or your employer should contact **1-800-624-2354** 24-hours a day for the name of an authorized medical care provider in your area prior to seeking treatment. The State of Missouri will not pay for medical treatment you receive if you do not utilize authorized medical providers. However, you may seek your own medical care with the provider of your choice **at your own expense.**
- 3. Unless it is an emergency, do not seek aid without informing your employer and going to authorized medical providers.
- 4. If it is an emergency, seek initial treatment at the nearest hospital emergency room or medical clinic.

Then notify your employer as soon as possible.

- 5. Notify the hospital or clinic that your injury is a workers' compensation injury and give the name, address and telephone number or your employer.
- 6. Surgeries and the purchase or rental of medical equipment should be preapproved by CARO.
- 7. Mileage may be submitted to CARO for treatments outside of the local or metropolitan area from the place of injury or the place of residence.

Workers' compensation benefits may be reduced for injuries sustained in conjunction with the use of alcohol or controlled, nonprescribed drugs. Benefits may be forfeited if shown that the use of alcohol or controlled, nonprescribed drugs was the proximate cause of the injury.

Prompt reporting is the key! Avoid unnecessary delays or denials by notifying your employer immediately of an injury.

Fraudulent actions on the part of an employee, employer, or any other person is unlawful and subject to a fine up to \$10,000.

Questions? Contact:

Missouri Office of Administration
Risk Management Section
Central Accident Reporting Office
"CARO"

P.O. Box 809

Jefferson City, Missouri 65102

(573) 751-2837

Toll Free 1-888-622-7694

For the hearing impaired

1-800-735-2966



STATE OF MISSOURI
OFFICE OF ADMINISTRATION
RISK MANAGEMENT SECTION
**EMPLOYEE INJURY REPORT -
WORKERS' COMPENSATION**

**CENTRAL ACCIDENT REPORTING OFFICE
(CARO)**
P.O. BOX 809
JEFFERSON CITY, MO 65102
573-751-2837
TOLL FREE 1-888-622-7694

EMPLOYEE NAME		CARO NUMBER
<p>We understand you may have suffered an injury or illness which may be compensable under the Missouri Workers' Compensation Law. In an effort to consider you for benefits under workers' compensation, you are asked to complete this injury report form. Please complete the report in detail and do not leave any blanks. Return immediately to your employer or to the Central Accident Reporting Office. Questions? Call 573/751-2837.</p>		
1. DATE OF INJURY		2. TIME OF INJURY
3. DESCRIBE CLEARLY AND IN DETAIL HOW YOU WERE INJURED.		
4. WHAT PART OF YOUR BODY WAS INJURED? (BE SPECIFIC - EXAMPLE RIGHT OR LEFT WRIST)		
5. WERE ANY OTHER PARTS OF YOUR BODY INJURED?		
6. NAME ALL WITNESSES TO YOUR INJURY?		
7. WHO DID YOU REPORT YOUR INJURY TO?		
8. WHEN DID YOU REPORT YOUR INJURY? GIVE DATE AND TIME		
9. WHO REFERRED YOU TO MEDICAL TREATMENT OUTSIDE YOUR AGENCY OR FACILITY?		
10. EXPLAIN ANY DELAYS IN REPORTING YOUR INJURY OR SEEKING MEDICAL TREATMENT?		
11. IN YOUR OPINION, HOW MIGHT THE INJURY BE PREVENTED OR AVOIDED IN THE FUTURE?		
I HAVE PREPARED AND READ THE ABOVE AND DECLARE IT TO BE TRUE.		
SIGNATURE		DATE



STATE OF MISSOURI
OFFICE OF ADMINISTRATION
RISK MANAGEMENT SECTION

**AUTHORIZATION TO RELEASE MEDICAL RECORDS -
WORKERS' COMPENSATION**

**CENTRAL ACCIDENT REPORTING OFFICE
(CARO)**

P.O. BOX 800
JEFFERSON CITY, MO 65102
573-751-2837
TOLL FREE 1-888-622-7694

To Whom It May Concern:

I, the undersigned, _____, _____, _____
PRINT OR TYPE NAME SOCIAL SECURITY NUMBER

DATE OF BIRTH _____, do hereby request and authorize any medical health care provider, upon presentation of this authorization, to disclose to the State of Missouri, Central Accident Reporting Office, or its representative, including the Attorney General of Missouri and his Assistants, any material or information concerning _____ with respect to illness or injury, medical history, consultation, treatment including but not limited to x-rays, medical histories, nurses' notes, prescriptions and copies of all hospital or medical records. A photostatic copy of this authorization shall be considered as effective and valid as the original.

This is not a release of any claim I may have.

SIGNED		DATE	
STREET ADDRESS			
CITY		STATE	ZIP CODE